



# **MARKETING PROSPECTUS**

## **2024**

# ABOUT DeOA

**Who We Are:** The Delaware Optometric Association serves as the voice of Optometry in Delaware. We are advocates for the profession and the premier provider of education and networking events that bring doctors and industry partners together.

## Membership

100+ Doctor & Paraoptometric Members

275+ Online Community Members

## 2024 Event Calendar

*1 Day Winter Thaw Conference*

Saturday, February 24, 2024

Location: Embassy Suites, Newark, DE

***\*NEW\* 1 Day Fall into CE Conference***

Saturday, October 5, 2024

Location: Bellmoor Inn, Rehoboth Beach, DE

## Association Communication—Marketing & Media Channels

Quarterly E-blasts to DeOA Members and Online Community Members

Website Advertising & Social Networking Events

# PARTNERSHIP PROGRAM

Our Program is designed to provide DeOA Partner companies with valuable marketing exposure to the Delaware optometric community. All Partner packages include FREE EXHIBITOR PLACEMENT at our Winter Thaw Conference and a host of other standard benefits. **Sign up before January 31st to receive the 10% Early Bird Discount.**

# PARTNER PROGRAM BENEFITS



## 2024 Partnership Program

	GOLD	SILVER	BRONZE
BENEFIT	QTY	QTY	QTY
<b>Winter Thaw Exhibit Booth &amp; Partner Recognition</b> <i>(credentials for 2 representatives)</i>	√	Choose ONE	Choose ONE
<b>Fall into CE Exhibit Booth &amp; Partner Recognition</b> <i>(credentials for 2 representatives)</i>	√	Choose ONE	Choose ONE
<b>Meeting Attendee List</b>	√	√	√
<b>Exclusive Partner Conference Marketing</b> <i>(complimentary 1-page registration insert—provided by Partner)</i>	√	√	√
<b>DeOA Media—Partner Recognition &amp; Linkage</b> <i>(website, email signatures, e-blasts to online community)</i>	√	√	√
<b>DeOA Website Ad Placement</b>	4	2	1
<b>DeOA Member E-Blast</b>	4	2	1
<b>DeOA Community E-Blast</b>	4	2	1
<b>Regular Price</b>	<b>\$3400</b>	<b>\$2400</b>	<b>\$2000</b>

**\*\*Gold Level includes exhibit booths at BOTH conferences\*\***

**\*\*Silver and Bronze levels will choose ONE conference to participate in\*\***

**QUESTIONS? Contact Dr. Linen Pok at [admin@deoa.org](mailto:admin@deoa.org) or by phone (302) 273-0510**

# À LA CARTE MARKETING



## 2024 Partnership Program

Partners who support the DeOA at a Gold, Silver, or Bronze level have the opportunity to add one of these sponsorships below:

**Participation in SECOND conference (for Silver & Bronze Partners)** (includes exhibit booth, credentials for 2 representatives, attendee list) **\$1250**

**Winter Thaw Breakfast sponsorship** *\*1st come, 1st serve\** **\$750**  
(includes 5 min presentation before 1st lecture + signage recognition at breakfast)

**Winter Thaw Lunch sponsorship** *\*1st come, 1st serve\** **\$1000**  
(includes 5 min podium time before lunch + signage recognition at lunch)

**Fall into CE Breakfast sponsorship** *\*1st come, 1st serve\** **\$750**  
(includes 5 min presentation before 1st lecture + signage recognition at breakfast)

**Fall into CE Lunch sponsorship** *\*1st come, 1st serve\** **\$1000**  
(includes 5 min podium time before lunch + signage recognition at lunch)

***\*\* the above a la carte opportunities are IN ADDITION to the regular tiered sponsorship level \*\****

**QUESTIONS? Contact Dr. Linen Pok at [admin@deoa.org](mailto:admin@deoa.org) or by phone (302) 273-0510**

# PARTNER REGISTRATION

**YES!** I am interested in supporting Delaware Optometry by becoming a 2024 DeOA Partner.

\*Please Indicate Desired Partner Level Below

## PARTNER

Gold **\$3400**

(includes both conferences)

Silver **\$2400**

Bronze **\$2000**

Please select which conference you want a booth at:

Winter Thaw

Fall into CE

## ADDITIONAL OPPORTUNITIES

(confirm with Dr. Linen Pok that opportunities below are still available before selecting)

Participation in SECOND conference (for Silver and Bronze Partners) \$1250

Winter Thaw

Fall into CE

Winter Thaw Breakfast Sponsorship \$750  Winter Thaw Lunch Sponsorship \$1000

Fall into CE Breakfast Sponsorship \$750  Fall into CE Lunch Sponsorship \$1000

## Company Information

Company Name: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: (for logo linkage) \_\_\_\_\_

My signature below acknowledges that I hereby authorize the Delaware Optometric Association to process my payment in the amount of \$ \_\_\_\_\_.

Signature: \_\_\_\_\_

Method of Payment: Payable to "Delaware Optometric Association" (check one)

Check (enclosed)  American Express  Discover  Mastercard  Visa

Card Number: \_\_\_\_\_ CVV: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name: (as appears on card) \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Billing Phone: \_\_\_\_\_

Return completed form by mail to: **DeOA, P.O. Box 4774, Wilmington, DE 19807**, by fax to: **(302)467-2119**, or via email to: **admin@deoa.org**